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| LLS logo_FNL_colorTherapy Acceleration Program (TAP)  Initial Inquiry Form | | |
| **Institution:** | | **Date:** |
| **Contact:** | | **Email:** |
| **Address:** | | |
|  |  | |
| **Please complete this initial questionnaire and *do not exceed* *one page*.  The answers should be high level, summarizing main points.** | | |
| **1. Therapeutic Entity and Target** | | |
|  | | |
| **2.** **INDICATION &** **Hematology Relevance** *(Supportive In Vitro & In Vivo Preclinical or Clinical Data*) | | |
|  | | |
| **3. Description of Project Requesting Funding** | | |
|  | | |
| **4. TAP FUNDING REQUESTED** | | |
| * Total project funding secured: * Funding request to LLS: | | |
| **5. Development Plan** (*Current Development Status,* Scientific Rationale*, Budget & Timeline Synopsis*) | | |
|  | | |
| **6. Investigator and team RELATED EXPERIENCE** *(Highlights)* | | |
|  | | |
| **7. Investigator Related Funding to date***(in dollars)* | | |
| * Private Total: * Grants: * Other: | | |

**Please return this completed form along with a non-confidential presentation. Thank you.**